



Parental behavioral and psychological control relationships to self-esteem, life satisfaction, depression, and antisocial behaviors

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Abstract

The purpose of this study was to examine the relationships between parental behavioral control, psychological control and self-esteem, life satisfaction, antisocial behaviors and depression among Turkish adolescents. Participants for the present study consisted of 333 adolescents (168 girls, 163 boys) between the age of 13 to 15 with a mean of 13.90 (SD=.514) years. Participants completed measures on behavioral control, psychological control and self-esteem, life satisfaction, antisocial behaviors and depression. Hierarchical regression analyses indicated that behavioral control positively predicted life satisfaction, self-esteem, and negatively predicted antisocial behaviors and depression. Psychological control was significantly and positively predicted antisocial behaviors and depression, negatively predicted life satisfaction. Present study provided evidence for the role of behavioral and psychological control in adolescents' self-esteem, life satisfaction, depression and antisocial behaviors. Also, findings underscore the role of differential associations of parental behavioral and psychological control with the well-being and ill-being of adolescents. Findings were discussed in terms of implications for parent education programs and family intervention program.

Keywords: behavioral control; psychological control; self-esteem; life satisfaction; depression; antisocial behavior

INTRODUCTION

A large body of literature documents the role of parenting on adolescent psychosocial functioning (Barber, 1997; Gray & Steinberg, 1999). Although much of the research on parenting used typological approach (authoritative, authoritarian, permissive) (Baumrind, 1991; Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994), recent research mostly has focused on parenting dimensions rather than parenting styles. Findings of these studies well indicated that while

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psychological control associated with internalizing problems, behavioral control related to externalizing problems (Barber, 1997; Gray & Steinberg, 1999; Kerr & Stattin, 2000; Stattin & Kerr, 2000), but generally these studies conducted in western cultures. Although Barber (2002) provides evidence that psychological control is relevant cross-culturally, these studies need to be replicated among youths from different cultures that are different in terms of religion, values and child rearing styles.

Parental Psychological Control, Behavioral Control and Associated Child Outcomes

The research on parenting styles has viewed parental control as a single dimension that is high or low, but recent researchers have focused on distinguishing among different forms of parental control. The primary distinctions have been made between psychological control and behavioral control (Barber, 1996). In numerous studies behavioral control and psychological control have been consistently associated with adolescent well-being and ill-being (Barber, 1997).

Behavioral control refers to parental attempts to monitor and guide their children (Barber, Olsen, & Shagle, 1994). Because behavioral control refers to regulation of children's behavior, insufficient behavioral control is a risk factor for adolescents (Barber, 1996; Gray & Steinberg, 1999). Studies have found that parental behavioral control associated with lower levels of adolescent externalizing behaviors, such as aggression (Kindap, Sayıl & Kumru, 2008) and antisocial behaviors (Patterson, DeBaryshe, & Ramsey, 1990). Moreover, parental behavioral control is related to children's adjustment (e.g. Barber, Stolz, Olsen, & Maughn, 2005), higher levels of self-esteem (Bean, Bush, McKenry, & Wilson, 2003; Kindap et al., 2008), and lower levels of depression (Kerr & Stattin, 2000; Stattin & Kerr, 2000).

Psychological control refers to parenting behaviors such as guilt induction, love withdrawal, and conditional approval (Barber, 1996), and these behaviors negatively affects children's well-being (Grolnick, 2003). Because psychological control may interfere with children's autonomy attempts (Vansteenkiste, Zhou, Lens, & Soenens, 2005), adolescents who have psychologically controlling parents is more likely to experience internalizing problems such as depressive symptoms (Barber & Harmon, 2002). It has been shown that high levels of parental psychological control are related to children's and adolescents' low levels of self-esteem and life satisfaction (Shek, 2007; Soenens, Vansteenkiste, Luyten, Duriez, & Goossens, 2004), and high levels of depression (Soenens et al., 2004). It has also been associated with high levels of externalizing problems (Barber, 1996; Barber & Harmon 2002; Gray & Steinberg, 1999; Kindap et al., 2008), and delinquency (Finkenauer, Engels, & Baumeister, 2005).

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Additional research is necessary to further address associations between psychological control, behavioral control and different outcome variables in a different culture. So, present study has examined the relative contributions of parental psychological and behavioral control to the prediction of self-esteem, life satisfaction, depression, and antisocial behaviors among Turkish adolescents.

METHOD

Participants

Participants for the present study consisted of 333 adolescents (168 girls, 163 boys) selected from three public schools in one of the western cities of Turkey. The age of the participants ranged from 13 to 15 years with a mean of 13.90 (SD=.514) years.

Measures

Parental Behavioral Control: Parental behavioral control was assessed with “Parental Knowledge/Monitoring of Child Activities” scale (Brown, Mounts, Lamborn, & Steinberg, 1993). Cronbach Alpha coefficient of .81 was reported for mothers (Barber, 1996). Cronbach’s alpha coefficient of .75 was reported for Turkish youths (Kindap et al., 2008). For the present research, Cronbach’s alpha coefficients were found to be .85.

Psychological control: Psychological control was measured with the 16-item Psychological Control Scale – Youth Self-Report (Barber, 1996). Barber (1996) reported .85 Cronbach’s alpha coefficient for mothers. Cronbach’s alpha coefficient of .87 was reported for Turkish sample (Kindap et al., 2008). In the current study Cronbach’s alpha coefficient was found to be .92.

Self-esteem: Participants completed Rosenberg’s (1965) 10 item self-esteem scale. The scale was adopted into Turkish by Çuhadaroglu (1986) and the test–retest reliability was reported as 0.75. For this research sample the Cronbach’s alpha coefficient was .87.

Life Satisfaction: The Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen & Griffin, 1985) was used to assess global life satisfaction. The SWLS consists of 5-items that assess the cognitive component of SWB. The SWLS had been adapted to Turkish by Köker (1991) and the test–retest reliability was reported as .85. The Cronbach’s alpha coefficient was found to be .86 for this study.

Depression: Depression subscale of the brief symptom inventory (BSI) was used. It is a self-report symptom scale and short version of the Symptom Checklist-90 (SCL-90-R) (Derogatis, 1992). It was adapted for adolescents by Şahin, Durak and Uğurtaş (2002) and for the depression subscale the Cronbach Alpha reliability coefficients was reported as .70. The internal consistency coefficient for the present data was .91.

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Antisocial behavior: Adolescent completed antisocial behavior dimension of “Multiple Problem Behavior Index” (MPBI) which was developed by Jessor, Turbin and Costa (2004) and translated into Turkish by Siyez (2006). MPBI assesses five different areas of adolescent problem behavior and Cronbach alpha coefficients ranged between 0.78 and 0.92 in Turkish Sample. For the present research, the Cronbach’s alpha coefficient of .72 was found for antisocial behavior subscale.

Procedures

The data was collected in 2011. Formal permission was obtained from local education authorities and the school administration. The administration of the questionnaires was conducted by teachers in a group format in the classrooms. The teachers had been informed of the objective of the study before they explained it to the students. The questionnaires were completely anonymously, with no need to disclose information such as name or date of birth. Participation was entirely voluntary and consent to participate, which could be refused, was obtained from all students.

RESULTS

Bivariate correlations were calculated for dependent and independent variables and are presented in Table 1. All correlations were found to be significant between the parenting behaviors and outcome variables. Behavioral control were found to be positively correlated with self-esteem ($r=.16$), life satisfaction ($r=.17$) and negatively correlated with depression ($r=-.20$) and antisocial behaviors ($r=-.38$). Psychological control were significantly and positively correlated with depression ($r=.21$) and antisocial behaviors ($r=.19$) but negatively correlated with self-esteem ($r=-.17$) and life satisfaction ($r=-.37$).

Table 1. Correlations among the variables, scale means and standard deviations

Variables	1	2	3	4	5	6
1.Parental behavioral control						
2.Parental psychological control	-.13*					
3.Self-esteem	.16**	-.17**				
4.Life satisfaction	.17**	-.37**	.53**			
5.Depression	-.20**	.21**	-.36**	-.50**		
6.Antisocial behaviors	-.38**	.19**	-.14*	-.18**	.48**	
Mean	4.14	2.11	4.22	4.04	2.30	1.20
SD	1.01	1.15	.92	1.40	.99	.33

* $p < .05$, ** $p < .01$.

A series of hierarchical multiple regression were conducted to examine the extent to which background variables and parental control were predictive of adolescents’ self-esteem, life satisfaction, depression and antisocial behaviors.

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Table 2. Hierarchical regressions analysis predicting self-esteem, life satisfaction, depression, and antisocial behaviors

	Self-esteem			Life satisfaction			Depression			Antisocial Behavior		
	Beta	ΔR^2	F for ΔR^2	Beta	ΔR^2	F for ΔR^2	Beta	ΔR^2	F for ΔR^2	Beta	ΔR^2	F for ΔR^2
Step 1		.06	3.32**		.04	2.09		.07	4.04**		.02	1.24
Age	-.08			.07			-.07			.01		
Gender	.07			.08			-.23**			.11		
Mother Education	.02			-.008			.09			.15		
Father Education	.18*			.09			-.16*			-.02		
Family Structure	-.06			.15			-.03			.05		
Step 2		.07	10.15***		.14	22.14**		.19	30.87**		.17	27.33**
Age	-.11			.04			-.03			.06		
Gender	-.14			-.06			.39**			.003		
Mother Education	.02			-.002			.10			.17*		
Father Education	.18*			.07			-.14			-.02		
Family Structure	-.06			.16*			-.03			.04		
Parental BC	.25**			.13*			-.28**			-.38**		
Parental PC	-.09			-.36**			.31**			.15*		

* $p < .05$; ** $p < .01$. Gender: 0= Girls, 1= Boys. Family structure: 0= single parent, 1= two parent. Parental BC: Parental Behavioral Control; Parental PC: Parental Psychological Control.

Results of hierarchical multiple regression analysis indicated that background variables (age, gender, mother education, father education, and family structure) in Step 1 were predictive of self-esteem. These variables accounted 6% of the variance in self-esteem, but only father education was significant predictor ($\beta = .18$, $p < .05$). When the parental control variables were added to the regression model in Step 2, there was a significant change in F and explained total variance increased to 13%. Only paternal behavioral control ($\beta = .25$, $p < .001$) was significantly associated to self-esteem. Background variables were not significantly predicted life satisfaction. In the second step, the addition of the parenting variables increased the portion of variance explained to 14%. Both parental control dimensions were significantly associated with adolescents' life satisfaction. While parental behavioral control was positively associated ($\beta = .13$, $p < .05$), psychological control negatively associated with adolescents' life satisfaction ($\beta = -.36$, $p < .001$). Demographic control variables were found to be significant predictor of depression and explained 7% of the variance. Among these variables, gender ($\beta = -.23$, $p < .001$) and father education ($\beta = -.16$, $p < .01$) was significantly predicted depression. Girls scored higher on depression than boys. Father education negatively associated with depression. Parenting dimensions (Step 2) predicted depression above background variables. Both parental control variables were significant predictor of depression and explained 12% of the variance. While parental behavioral control negatively associated ($\beta = -.28$, $p < .001$), psychological control positively ($\beta = .31$, $p < .001$) associated with adolescents' depression. Demographic variables were not significant predictor of antisocial behaviors. When the parenting behaviors were added to the regression model in Step 2, there was a significant change in F .

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Parenting behaviors accounted for 15 % of the variance in antisocial behaviors. Parental behavioral control ($\beta = -.38, p < .001$) and psychological control ($\beta = .15, p < .05$) was significantly associated with antisocial behaviors.

DISCUSSION

The purpose of this study was to examine the relationships between parental behavioral control, psychological control and adolescents' self-esteem, life satisfaction, depression and antisocial behaviors. In general, findings indicated that both parental behavioral and psychological control are significantly related to the outcome variables. While parental behavioral control was positively associated with adolescent's self-esteem, psychological control did negatively. Positive association between parental behavioral control and self-esteem indicates that behavioral control might be experienced as involvement by Turkish adolescents. Negative link between psychological control and self-esteem can be attributed to parental attempts to control their children thoughts, feelings, and the activities. Parallel with present results numerous studies indicated that behavioral control positively predicts adolescent self-esteem (Bean, Bush, McKenry, & Wilson, 2003; Kindap et al., 2008), and psychological control serves as a negative predictor of self-esteem (Barber, 1996). Consistent with previous findings (Shek, 2007) present research indicated that having psychologically controlling parents associated with lower life satisfaction. On the other hand, behavioral control was associated with higher life satisfaction consistent with previous studies (Barber et al., 2005). Parental psychological control positively predicted depression. These findings are in line with research which has shown that psychologically controlling parenting behaviors are associated with depression and anxiety (Barber, 2002; 1996; Soenens et al., 2004). Regarding significant negative relationship between behavioral control and depression, it may be that behavioral control is experienced as involvement by adolescents and reduce their depression. Kağıtçıbaşı (2007) proposed that some form of control experienced as affection by the Turkish youths.

Further, results of the present study indicated that behavioral control was found to be negatively related to antisocial behaviors. Behavioral control, assessed as parental monitoring has been linked to decreased negative functioning, such as delinquency (Gray & Steinberg, 1999), and antisocial behavior (Barber, 1997; Patterson et al., 1990). Negative relationship between behavioral control and antisocial behavior may be explained by the regulation functions of parents. The existing literature was inconclusive on the relationship between psychological control and externalized behavior. Some studies indicated that psychological control associated with deviance (Finkenauer et al., 2005; Rogers et al., 2003), some others did not find relationships between

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psychological control and externalized behavior (Doyle & Markiewicz, 2005). We found that parental psychological control positively associated with antisocial behaviors. Parental psychological control tactics such as, parental intrusiveness, guilt induction, and love withdrawal might leads to the child to get angry, and in turn might leads to the antisocial behaviors.

Although the current study adds significantly to our understanding of how parental behavioral and psychological control associated with adolescent's outcomes, it has several limitations. First, behavioral and psychological control was assessed from the perspective of the adolescents only. Also, control dimensions were assessed as parental control, not for father and mother separately. In future studies, having both parents' and adolescents' judgments and including maternal and paternal control might be better than only adolescents' reports of the parental control. Another limitation of the study is that these findings have been drawn from cross-sectional data. Because of the cross-sectional nature of the data, it is impossible to make casual inferences from these findings. This indicates a need for more longitudinal data to more fully determine causality between parenting and adolescent outcomes.

Despite these limitations, the present study make a valuable contribution to our understanding of the role of behavioral and psychological control in adolescents' self-esteem, life satisfaction, depression and antisocial behaviors. Current findings have important implications for parent education programs and family intervention. Parenting and parental behaviors important factors associated with well-being and ill-being of adolescents at the time of significant psychosocial changes take place. Counselors in schools can teach parents how to become more effective parents and how to use control behaviors.

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